

MAY 15 2007

FAX TRANSMISSION

DATE: May 15, 2007

PTO IDENTIFIER: Application Number 10/623,733-Conf. #6069

Patent Number

Inventor: William E. Fristad et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

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Attorney Dkt. #: 00155-00388-US

PAGES (Including Cover Sheet): 8

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- Certificate of Transmission (1 page)

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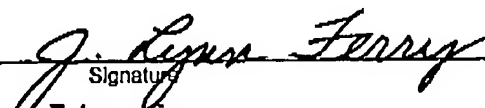
Application No. (if known): 10/623,733

Attorney Docket No.: 00155-00388-US

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PTO/SE/17 (07-08)
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4814).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3>		<p>Complete if Known</p> <p>Application Number: 10/623,733-Conf. #8069</p> <p>Filing Date: July 22, 2003</p> <p>First Named Inventor: William E. Fristad</p> <p>Examiner Name: A. J. Green</p> <p>Art Unit: 1755</p> <p>Attorney Docket No.: 00155-00388-US</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,650.00			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 03-2775
 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

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☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer	130.00
1401 Notice of appeal	500.00
1253 Extension for response within third month	1,020.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,518
Name (Print/Type)	Aaron R. Ettelman	Telephone	(302) 658-9141
		Date	May 15, 2007

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